

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No. 1003

Registrar's No. 781

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

H.P. Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1336 Goodfellow

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Mary

Alice

Shelton

4. DATE

Month

Day

Year

OF  
DEATH

1

21

63

## 5. SEX

Female

## 6. COLOR OR RACE

Col.

## 7. Married

Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

10-25-95

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Benjamin Nove 1

## 13b. MOTHER'S MAIDEN NAME

Sarah

(Unknown)

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

## 16. SOCIAL SECURITY NO.

+1

## 17. INFORMANT

Address

+1 Wilbert Shelton-1336 Goodfellow

## 18. CAUSE OF DEATH (Enter only one cause per

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease.

## INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerosis.

## DUE TO (c)

4200

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in: PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

to

and last saw her

him

live on

Death occurred at

6:45 P.

m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1-26-63

## 23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cem.

## 23d. LOCATION (City, town, or county)

Kirkwood, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

A.L. Beal Und.Co., -4303 Delmar

## 25. DATE RECD. BY LOCAL REG.

JAN 24 1963

## 26. REGISTRAR'S SIGNATURE

Beal Smith M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

SEP 2 1941

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Arthur L. Hurrell

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.